Allegheny County Department *of* Human Services

RFP Response Form

RFP for Systematic Therapeutic Assessment Resources and Treatment (START)

PROPOSER INFORMATION

Proposer Name Resources for Human Development, Inc.:

Authorized Representative Name & Title: Authorized rep.: Linda Donovan-Magdamo, Chief Program Officer | Contact for questions: Gary Vinson, Regional Director

Address: 4700 Wissahickon Ave., Suite 126, Philadelphia, PA 19144-4248

Telephone: [redacted]

Email: [redacted]

Website: www.rhd.org

Legal Status: ☐ For-Profit Corp. ☒ Nonprofit Corp. ☐Sole Proprietor ☐Partnership

Date Incorporated: 1970

Partners included in this Proposal: None

How did you hear about this RFP? *Please be specific.* Allegheny County web site

Does your organization have a telecommunications device to accommodate individuals who are deaf or hard of hearing? ☒ Yes ☐ No

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Marco Giordano	[redacted]	[redacted]
Contract Processing Contact	Gary Vinson		
Chief Information Officer	Tara Drennan		
Chief Financial Officer	Deanna Cerwin		
MPER Contact*	Paul McNeill		

* *MPER is DHS's provider and contract management system. Please list an administrative contact to update and manage this system for your agency.*

BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.
See attachment.

Board Chairperson Name & Title: [redacted]

Board Chairperson Address: [redacted]

Board Chairperson Telephone: [redacted]

Board Chairperson Email: [redacted]

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization. *Please do not use employees of the Allegheny County Department of Human Services as references.*

1) Laura Deriggi
   Senior Director, Clinical Consultation
   Chief Medical Division, DBHIDS/CBH/DHS
   [redacted]

2) Amy Nemirow
   Clinical Director, IDD, PA Office of Developmental Programs
   [redacted]

3) Judge Beth Lazzara
   [redacted]

PROPOSAL INFORMATION

Date Submitted 7/27/2022

Amount Requested: $1,343,342.57

CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

☒ I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania's Right-to-Know Law.

☒ By submitting this Proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Choose one:

☐ My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

☒ My Proposal does not contain information that is either a trade secret or confidential proprietary information.

ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at http://www.alleghenycounty.us/dhs/solicitations.

- Partner commitment letters, if applicable
- MWDBE and VOSB documents
- Allegheny County Vendor Creation Form
- Audited financial reports or other financial documentation for the last three years
- W-9

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 120 points. Your response to this section should not exceed 20 pages. (Pages 1-3 are not included in the page count).

RFP for Systematic Therapeutic Assessment Resources and Treatment (START)

Mission and Commitment (5 points possible)

1. Describe why your organization is the best candidate for START and how START fits within your mission.

Resources for Human Development, Inc. (RHD) is an established, innovative service provider with experience in all aspects of the START program including crisis response, programming for individuals dually diagnosed with behavioral health (BH) challenges and Intellectual Disability/Autism (ID/A), provider networking and linkages, and training and consultation. RHD respectfully submits this proposal to implement the START program in Allegheny County, with an annual budget of $1,343,342.57.

Since 1970, RHD has provided caring, effective, and innovative services that empower people of all abilities as they work to achieve the highest level of independence possible and build better lives for themselves, their families, and their communities. RHD has more than 50 years' experience providing a variety of programs, with particular emphasis on serving individuals experiencing behavioral health challenges, intellectual and developmental disabilities, drug and alcohol addiction, and homelessness. During that time, RHD has tailored programming to support the needs of individuals who are experiencing co-occurring BH challenges and ID/A. The START model fits seamlessly within RHD's mission, values, and service delivery strategy. RHD values the whole person and recognizes that many multiply diagnosed individuals have been treated as the sum of their diagnoses and trauma. RHD aims to end that practice, which is why all services are provided within a strengths-based, trauma-informed framework that values the individual's expertise in their own lives, upholding their goals as paramount in the treatment planning process. Over the course of its history, RHD has focused its organizational energies toward implementing innovative and effective systems and services that empower individuals with disabilities to determine the course of their lives to the fullest possible extent. RHD supports these participants using positive approaches, with a strong recovery and empowerment orientation, meeting people where they are and maximizing their choice and voice in service planning and delivery.

Currently operating 133 programs in 14 states, RHD is well-versed in creating collaborative partnerships with other providers. RHD is an established service provider in Allegheny County, in the areas of behavioral health and developmental disabilities. RHD is familiar with the provider landscape in the area and has working relationships with local providers across the human services spectrum. As a provider of behavioral healthcare in multiple states, RHD has created more than 100 behavioral healthcare programs. In Pennsylvania alone, RHD's Intellectual and Developmental Disabilities division operates 16 programs, serving 450 individuals annually. Our staff and leadership have a track record of successfully developing and implementing community-based programs for multiply diagnosed, previously institutionalized individuals. RHD's experience combined with its values and organizational framework make it an excellent fit for START model implementation.

Organizational Experience (35 points possible)

2. Describe where you would position START within your organizational/administrative structure and why you put it there.

After careful consideration and engagement with staff from all levels of the organization, RHD will implement the START program under the leadership of the Behavioral Health and Housing (BHH) division, in close partnership with the Intellectual and Developmental Disabilities (IDD) division. Historically, BHH and IDD have worked closely together to tailor services to meet the unique needs of multiply diagnosed individuals. While RHD is confident that either division would be capable of fully implementing the START program, the BHH division's experience in implementing crisis response services, care coordination, clinical consultation, peer and family supports, and symptom assessment and management lends to effective and efficient implementation of START. BHH has extensive history and expertise in the care and recovery of people experiencing behavioral health challenges, including those who are also experiencing ID/A. Despite being implemented under BHH leadership, the START program is a cross-divisional initiative. RHD's approach to implementation will include collaboration from all service lines, and leverage the networks and expertise of professionals across the organization to deliver high quality training and education to local providers.

3. Describe your organizational experience and approach to assessing and planning for the ongoing needs of individuals who need MH and/or ID/A supports and services.

RHD recognizes that individuals' needs are dynamic and programs must respond nimbly to changing circumstances. Ongoing assessment and planning are critical to effective service delivery. This is true at the program, organizational, and systems level.

Program Level Strategies:

- Engage in annual case consultations utilizing an interdisciplinary team of clinicians and program staff
- On a quarterly basis, administer the DLA-20 Assessment, a unique, comprehensive functional assessment to measure functioning in activities of daily living.
- Hold monthly Clinical Review Committee (CRC) meetings in which staff assess current needs and progress, and adjust treatment planning to include emerging needs and participant-identified goals
- Have established a system for program staff to quickly receive consultation, feedback, and service connection from the interdisciplinary clinical care team

Organizational Level Strategies

RHD as an organization is engaged in continuous assessment and planning to determine the most effective service delivery strategies. Feedback from staff and participants informs RHD's planning process, allowing the organization to respond to programmatic and divisional needs that may be individualized to particular programs or service lines. RHD's BHH and IDD divisions are currently engaged in two internal planning initiatives to strengthen service delivery. The first is the redesign of the admissions and referral processes to ensure rightness of fit for RHD's services and programming. The new admissions and referral process will include a

comprehensive assessment to determine the full breadth of needed services and programming. For needs that fall outside of RHD's core competencies, program staff rely on established referral networks and continuously initiate new provider partnerships to meet emerging needs. This new assessment process allows RHD to accomplish two distinct goals: the first is to ensure that RHD is the appropriate placement and is able to provide interventions and services at the appropriate level of care. The second goal is to assess the needs of the populations served in the aggregate and identify service gaps that can be filled either through internal initiatives or external referrals. As an organization serving individuals with diverse needs in multiple states, RHD is in the unique position to view service delivery and service gaps from a more global perspective than providers who specialize in a particular service area or geographic area. This is one of the benefits of RHD's cross-divisional, collaborative environment, the ability of leadership and staff from diverse service lines to communicate and join forces to identify and address individuals' needs.

Systems Level Strategies

RHD has been a valued partner in initiatives aimed at establishing systems and best practices for individuals multiply diagnosed with ID/A and BH challenges. In 2018-2019, RHD was one of four providers invited to participate in the Philadelphia Behavioral Health/Intellectual Disabilities (BHID) Initiative Committee. The BHID Committee convened providers, funders, and policy makers to address the service gap that persists for multiply diagnosed individuals. Ultimately, after more than a year of work, the absence of a unified funding structure to serve these individuals prevented the committee from creating lasting change. This is one of the reasons RHD is excited to see the opportunity to implement an evidence-based model that will support systems-level changes to service delivery. RHD has continued the work started by the committee, persisting in advocating for BH/ID integrated care and identifying opportunities to bring providers and funders to the table for improved outcomes.

4. Describe your organizational experience and approach to individualizing or adapting behavioral health services to meet the needs of individuals with ID/A and other diverse populations.

RHD is keenly aware of the service gap that persists for individuals who are multiply diagnosed with IDD and severe and persistent mental illness (SPMI), who experience frequent episodes of dysregulation that threaten the stability of their housing options and support systems. Approximately 20% of American adults experience a diagnosable mental illness each year. National Core Indicators (NCI) survey results indicate that as many as 48% of individuals with IDD are living with a mental health disorder. Some estimates put the number closer to 70%. A small but significant percentage of multiply diagnosed individuals experience frequent and extreme dysregulation, leading to hospitalization in the absence of prevention and appropriate levels of care in community-based settings. Without targeted prevention efforts and interventions, these individuals cycle through and exhaust placements. Their symptoms and behaviors escalate, creating unsafe conditions for themselves and the community members around them, leading to costly, prolonged psychiatric hospitalizations, over utilization of emergency services, homelessness, and encounters with police. With an appropriate level of care in place and a significant amount of provider training and collaboration, individuals with ID/A

can successfully navigate behavioral health challenges and reduce symptoms, circumventing costly, often traumatizing institutionalization, and facilitating improved overall quality of life.

Providers can and do patch together interventions that are effective on the individual level but in order to effect lasting change, an established model, such as START offers, is required. Acute care settings are often not appropriate for individuals with ID/A, as there has been a long history of over-medication to control behaviors as opposed to intervention to relieve symptoms and improve quality of life. Individuals with ID/A often languish in acute care, which is a costly endeavor for the state and an even costlier outcome for the wellbeing of the patient. Individuals who do become hospitalized often do not have the required support to remain in the community immediately after discharge, creating a "boomerang" effect of discharge, escalation, and re-hospitalization. These individuals require more than a warm hand-off to community-based supports. Success for them is dependent on a program designed to bridge that gap, with an emphasis on skill building and provider training on strategies to support wellness and prevent escalation in community placements. RHD believes that with significant training and investment in the expertise of ID and BH providers, community placements can meet the needs of multiply diagnosed individuals by employing strategies to prevent escalation, sparing the individual the experience of dysregulation and ultimately hospitalization.

RHD leadership and staff have utilized an interdisciplinary, cross-divisional approach to adapting behavioral health services to meet the needs of individuals with ID/A and vice versa. Often taking the shape of cross-divisional consultation, RHD staff collaborate on tailoring systems of care for unique needs. In this collaborative approach, service lines provide cross-training and education, sharing their expertise to improve outcomes, and laying the foundation for more effective, efficient service delivery moving forward.

In addition to adapting services, RHD also takes the approach of adapting evidence-based practices (EBP) for accessibility and efficacy. As an organization, RHD has long identified evidence-informed practices that are effective regardless of diagnoses. When utilizing any EBP with individuals who have intellectual disabilities along with behavioral health challenges, RHD reviews and adapts all practices to best fit the needs and abilities of each individual participant, while maintaining fidelity to the practice model. Adaptations such as changing the frequency of and time length of sessions to be shorter in length and more frequent (for example holding therapy sessions 2 times per week for 30 minutes in length) allow for the best fit to a person's focus level and attention span. Language is an important consideration in the delivery of any treatment. RHD staff provide assessment of each person's expressive and receptive language skills and then adapt all written and verbal communications to align with each person's language levels. Specific treatment interventions are also modified for each person's developmental abilities: discussing one issue at time, slowing the pace and breaking interventions into smaller pieces, using repetition and asking a participant to reflect back material to ensure understanding during a review of the session are important modifications. Active practice is used in a supportive, coaching relationship with staff to generalize new skills and learning to different environments. In all interactions, frequently validating and reinforcing each person's effort, offering hope and lots of support, along with taking a flexible and personalized approach to treatment are integral components to supporting participants engaging in evidence-based practice

at the program.

Another approach RHD takes is seeking out integrative, trauma-informed, non-verbal approaches to aid in healing from trauma using sensory and movement. When alternatives to talk therapy are implemented, accessibility is improved. RHD programs have employed a number of approaches to integrating sensory experiences and movement into programming across service lines, such as Music Wellness, Trauma Informed Yoga, Art Therapy, and the Sensory Motor Arousal Regulation Training (SMART) program. RHD's SMART Program is an evidence supported, trauma specific approach that uses sensory experiences and motor activities to help individuals learn to become more regulated, more resilient, and better able to cope with the daily stressors in their lives. RHD's SMART program is adapted from a model originally developed by Elizabeth Warner at the Bessel Van de Kolk Trauma Center at the Justice Resource Institute, and helps staff and participants learn how to use an array of therapeutic equipment to increase regulation through calming and centering activities or, activities that activate alertness and energy, or both. The SMART program is used in conjunction with other trauma therapies and is part of a coordinated, holistic approach.

5. Describe your approach to providing voice and empowerment to individuals and families.

RHD is committed to creating a service culture in which participants are viewed as leaders and partners in treatment and experts in their own lives. Self-determination is central to our service delivery philosophy. Participant input on program components or attributes that facilitate progress are, to the maximum extent possible, integrated into the program structure. RHD is a values-driven organization. Our philosophy includes (but is not limited to) upholding several main pillars of best clinical practice including: focusing on identifying strengths and building resiliency skills in every person, adopting an ecosystemic framework by recognizing the powerful influence of family relationships and community on emotional and behavioral health, providing trauma informed services in every interaction and ensuring staff capabilities in all areas through ongoing training, support and supervision. Although many values are important to the organization, some specific values serve as the cornerstone for our programming: 1) Respect for the Dignity and Worth of Each Individual, 2) Quality Service, 3) Safe and Open Culture, 4) Diversity and Inclusion.

RHD offers a number of avenues for participant and family voices to lead and influence service delivery.

<u>Satisfaction Surveys</u>
RHD's IDD division in particular operates from a person-centered framework in which interventions are always participant-centered and ideally participant-directed. The Quality Assurance department engages in ongoing service satisfaction assessment by surveying participants, family members and community stakeholders. Survey results are reviewed quarterly to address emergent needs and annually to create performance improvement goals.

<u>Peer Supports</u>
Professional support from people with lived experience is often a critical component of successful programming and helps to ensure that participant voices are amplified. A cornerstone of RHD's programming is the inclusion of Peer Specialist Groups across service lines and Certified Peer

Specialists are key staff in many RHD programs. RHD prioritizes hiring people with lived experience.

Empowerment-Based Interventions

RHD staff have recently completed training for Intensive Systems Therapy (IST), and are incorporating IST into service delivery. IST centers the individual as a leader in their own treatment planning and has been effective in working with individuals with IDD for whom other therapies and settings have not been successful.

Participant and Family Advisory Committee

Many programs benefit from the advice of a participant and/or family advisory committee. Such committees meet a few times throughout the year and serve as a voice for our most crucial stakeholders. While satisfaction surveys provide data on current practices, the advisory committee provides a forum for brainstorming new program ideas.

6. Describe your organizational experience implementing an evidence-informed program, intervention and/or service to model fidelity.

RHD has extensive experience implementing evidence based and evidence informed programs. Our organization has been implementing Assertive Community Treatment (ACT) teams to fidelity for over twenty years. ACT provides community-based mental health treatment for individuals with severe and persistent mental illness. ACT services enhance the sense of competency and self-efficacy of participants and assists them in remaining in the least restrictive environment and community of choice. Services are tailored to meet the unique needs of each individual and respond nimbly to changes in their environment. ACT provides 24-hour crisis assessment and intervention, care coordination, peer support services, medication management, family supports, symptom assessment and management, clinical consultation, addiction recovery, and group and individual counseling. RHD currently implements twelve Assertive Community Treatment (ACT) teams in four states, and is in the process of opening two additional teams.

Due to ACT's stringent fidelity requirements, RHD is well-versed in developing and implementing new programs following a fidelity model. This includes ensuring all model components are addressed in the planning, start-up, and ongoing implementation phases. To ensure we adhere to the fidelity standards we continuously track data on each of the metrics on which our ACT teams are evaluated by external bodies, including metrics related to number and type of services provided, admission and graduation rates, and number and type of hospitalizations. RHD is also in the process of implementing several new evidence-based practices in our programs for individuals with IDD, including speech language pathology and intensive systems therapy.

RHD staff employ a number of other EBPs across the organization, including Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Motivational Interviewing, Stage-wise Interventions, and Seeking Safety. RHD staff adapt these models to work with individuals of all skill levels and across the spectrum of neurodivergence.

RHD follows a four-phase model in the implementation of EBPs. In Phase 1: Pre-Implementation, leadership and staff buy-in and readiness for training are assessed and the requirements of the training are fully explained to all staff. In Phase 2: Design and Training, RHD will ensure all staff are engaged and complete all aspects of the EBP training. All staff, including all RHD ACT team leadership, will participate to ensure full infusion of DBT and CBT in all aspects of service delivery. RHD ACT will structure methods for engaging routine external consultation with our DBT and CBT expert consultants and provide case consultations and ongoing clinical supervision in the models. As a routine practice, RHD administers a pre and post-test for trainings to measure staff's mastery of the material and assess if more help is required. In Phase 3: Infusion and Adoption of Practice, as the RHD ACT team begins providing services, the program will continue all consultation and supervision activities, and infuse DBT and CBT into all other forums as appropriate (for example, in team meetings, documentation training, etc.). Additionally, RHD has established a "community of practice" forum for all staff to meet and communicate about EBP, engage in peer-to-peer consultation, and get access to relevant information to support their practice. In Phase 4: Sustainability and Fidelity, RHD designs curriculum plans for each year including the DBT and CBT models to maintain quality and continue to help staff develop advanced expertise in various applications of the practice. Program fidelity to the treatment components and principles of DBT and CBT are monitored through fidelity checklists and inclusion on internal RHD quality assurance audits of programs.

A primary challenge of implementing EBPs in community settings is sustaining the quality and fidelity of the EBP over time and addressing the impact of staff turnover in the program. The RHD ACT programs design annual curriculum plans including EBP practices to maintain quality and continue to help staff develop advanced expertise in various applications of the practice. Hiring preference are given to applicants who have experience in EBP and new staff are required to complete the RHD EBP trainings, including Dialectical Behavioral Treatment (DBT) training, foundations of Cognitive Behavioral Treatment (CBT), and other agency-wide trainings.

As an essential part of EBP implementation, RHD monitors the delivery of the practice, the practitioner competency, and the effectiveness of the approach for individual participants. In our DBT programs, we collect data on practitioner competency through pre and post testing in training, individual supervision, and observation of DBT groups using the DBT Group Observation tool. Additionally, RHD uses the DBT-Ways of Coping Checklist (DBT-WCCL) tool to measure the effectiveness of skills groups for individual participants. For both DBT and CBT, goals and interventions will be documented on individual service plans and progress monitored during regular updates of plans. All interventions, assessments and ongoing planning with individual clients is documented in form of progress notes and individual service plans detailing the phase of the EBP and all specific interventions.

7. Describe your organizational experience developing sustainability strategies for services and supports.

In operation since 1970, RHD has grown from one program, two employees and a budget of $50,000, into a $290-plus million organization that employs more than 4,000 people across the country and serves tens of thousands of people in need each year. That success hinges on RHD's ability to develop sustainable programming and secure ongoing funding. Many of RHD's programs have achieved significant longevity and sustainability over time. For example, Lower Merion Counseling and Mobile Crisis Services (LMCMS) in Montgomery County PA has been in operation since 1970 and has continuously transformed its service delivery model to meet the needs of the community. RHD has working relationships with managed care organizations across Pennsylvania and is a trusted provider of government-funded services.

RHD's corporate office includes a Business Development Team with a successful record of pursuing public sector funding opportunities to support new and existing services. Since May of 2020, the Business Development Team has secured $31.1 million in funding through federal, state, and local government grants or contracts. RHD's Fundraising department pursues corporate and foundation grants, private donors, and conducts fundraising events. While many of our most innovative programs begin as pilots and are often program funded, we consistently work with local managed care organizations to transition the programs to Medicaid reimbursable services. RHD is also committed to adapting to the changing healthcare landscape and is developing as an organization to be able to take on more value-based payment arrangements including those with risk. This capacity to evolve as funding models evolve puts RHD in a position to be sustainable in all its programs for decades to come.

Partnerships and Systems-Level Supports (35 points possible)

8. Describe the cross-system partnerships and collaborations your organization has established that will strengthen your ability to provide START. Provide at least one example of a challenge you had to overcome in an existing partnership and the lessons learned.

RHD is a trusted partner among funders, city, county, and state agencies, and within the local provider network and has established many cross-system partnerships that improve outcomes for participants.

Housing Smart
Housing Smart is an innovative, cross-sector partnership that utilizes personalized outreach and support services to improve health equity for individuals experiencing homelessness and/or with behavioral health challenges. RHD implements Housing Smart in collaboration with Temple University Health Systems, Keystone First, and Health Partners Plan. The program aims to reduce emergency department utilization and inpatient admission among high health care utilizers. Housing Smart participants have seen a 75% decrease in emergency department visits, 79% decrease in inpatient admissions, 77% decrease in admissions for observation and 50% increase in outpatient appointments.

A significant challenge that RHD had to overcome in the implementation and continued success of this program is the management of stakeholders which included MCO competitors (Keystone

First and Health Partners Plan). With the support of Temple's Department of Population Health, we were able to bring these competitors to the table and demonstrate the benefits of an unconventional partnership for all involved, not least of which is the members we all serve. Through this incredible experience we have learned that we are not always the best entity to bring certain stakeholders to the table. Our partnership with Temple came first and we leveraged this to entice the health plans to get involved. We expect that there will be organizations that would be valuable partners in the work we do with START, but we may rely on one of our existing partners to help bring them to the table.

Statewide Capacity Building Institute (CBI)
The Pennsylvania Office of Developmental Programs (ODP) implemented CBI beginning in 2016. RHD was selected to join this initiative in 2017, the first year CBI was open to providers, and has participated each year since. CBI provides education and skills training to providers in the most effective methods for working with multiply diagnosed individuals, the population focus of this proposal. CBI requires a nine-month commitment and fostered capacity and relationship building across providers. Participants build lasting relationships with providers across the state.

Intensive Behavioral Health Services
RHD has partnered with Community Behavioral Health and the School District of Philadelphia to provide Intensive Behavioral Health Services (IBHS) to children, youth, and young adults in North and Northwest Philadelphia. Individual Services include interventions that support children and their families with teaching skills and strategies to reduce and manage behaviors while also increasing prosocial behavior of children. RHD's IBHS program is implementing two evidence-based models with the Beck Institute – Cognitive Behavioral Intervention for Trauma (CBITS) which is a manualized, skills-based, group intervention delivered in a group setting (6-8 children per group), and typically includes 10 weekly sessions that are approximately 1 hour in length. Along with CBITS staff are also implementing CBT with families and individuals in mobile therapy.

Staff have completed full implementation; including training, community of practice consultations, data gathering and on-going fidelity monitoring.
RHD utilizes Cognitive Behavior Therapy (CBT) as the primary evidence-based model for individual therapy. Individual services are offered through Mobile Therapy (MT), Behavior Consultant (BC), and Behavior Health Technician (BHT). Group Services include therapeutic intervention delivered in a group format. RHD utilizes Cognitive Behavioral Intervention for Trauma in Schools (CBITS) for grades 5 through 12. Bounce Back (an adaption of CBITS) is used for children ages 5 -11. Group therapy and treatment planning are delivered by the Mobile Therapist with clinical direction and plan revision by the BC and implementation of the plan by the BHT.

9. Describe how you will establish new partnerships across the behavioral health and developmental disabilities systems, the crisis response continuum and the education system to implement START.

RHD has a long history of developing creative and lasting partnerships with government agencies, advocacy groups, other providers, and community-based organizations. In Philadelphia we have established partnerships with two large local hospital systems to support our shared individuals. We work across systems including school systems in Philadelphia, law enforcement in Pennsylvania and Louisiana, and the local housing systems in Pennsylvania and Tennessee. Our own continuum of services includes both residential and day programs for the IDD population, a variety of residential and community-based services for behavioral health including mobile and residential crises. We are familiar with the parameters for each of these systems and have experience coordinating with multiple stakeholders. We are familiar with the terms used within these systems as well as their challenges and strengths.

As we do with all of our programs, our first step in implementation of START will be to reach out to potential partners to develop MOUs and identify opportunities for collaboration, warm handoffs, and aligned efforts. We are members of statewide advocacy organizations including PAR and RCPA which afford us the opportunity to informally meet and build relationships with other providers and partners. Our value for the participant voice in all our care models leads us to establish both nationwide relationships with patient advocacy groups such as NAMI as well as develop relationships with local groups when we start a new program, such as the Alleghany Family Network.

RHD's Marketing and Communications team approaches program promotion in a variety of ways including: social media presence, the digital newsletter, RHD works with Cision, a leading global provider of software that empowers marketing communications professionals to identify key influencers, craft and distribute strategic content, and measure meaningful impact. This facilitates targeting communications to share program news, event promotion, and other major announcements. Our digital newsletter, Connections, is circulated to internal and external audiences.

10. Describe how you will deliver clinical consultation and training to providers across the behavioral health and developmental disabilities systems, the crisis response continuum and the education system.

RHD will offer consultation and training to providers across the BH and ID system, the crisis response continuum, and the education system. Trainings will be delivered both virtually and in person. RHD will work closely with the Center for Start Services (CSS) on training design. Two training models which RHD staffed will be trained in are UKERU and Interoception which cover a proactive approach to crisis intervention by teaching supports to identify crisis warning signs and provide early intervention. This allows staff to work with natural supports to build enhanced crisis prevention and de-escalation into the traditional crisis system.

One advantage RHD brings to the table is the organization's long history of serving individuals with BH and ID/A. As an organization, RHD is well aware of the challenges facing providers working with multiply diagnosed individuals and can address those challenges using a collaborative framework.

RHD's START team will be supported by the full complement of clinical and administrative expertise within the organization. This includes the Department of Clinical Innovation and Quality (DCIQ), Learning and Development, and ongoing supervision and leadership from service line directors and regional directors in both BHH and IDD. RHD's Marketing and Communications department will assist in the design of any needed marketing and training materials.

Learning and Development (L&D) will provide internal "Train the Trainer" training to develop or improve fundamental training skills for the START coordinators. Please see question 14 below for more information on RHD's training philosophy and the expertise that L&D offers.

The Department of Clinical Innovation and Quality (DCIQ) is one of the many advantages RHD brings to service delivery and consultation. DCIQ provides clinical experience that impacts all of RHD's diverse services with a number of specialties including sexually problematic behaviors, substance use disorders, environmental design and dual diagnosis programs for people with mental health challenges and intellectual disabilities. DCIQ identifies and supports evidence-based practices at programs across the corporation and modifies these approaches to meet specific needs of different populations. This collaborative approach delivers clinical leadership, expertise, and a variety of resources to make sure RHD programs always deliver the highest quality services.

11. Briefly describe how your START Program would support the County's effort to build an improved crisis system that is more than the sum of its various programs.

RHD has a history of convening and collaborating with diverse stakeholders. We manage crisis programs in multiple states providing us with the perspective to navigate the crisis system in Allegheny County. Our experience has taught us that solid relationships between system members and across systems are critical for a robust and efficient crisis continuum. Our START program won't just add to the existing crisis system but would integrate community response with crisis services. Key elements of our training for the support networks of the individuals we serve will be helping to identify warning signs and mitigation efforts for crisis, educating about what constitutes a crisis, and ensuring all supports know how to access crisis services when there is a crisis. We believe that people are best served in their home and that entrance into a new setting can escalate destabilization. We therefore encourage all efforts to manage a crisis in the community before removing the individual from their environment.

In the event that a higher level of care is unavoidable, we will help facilitate that admission to minimize the trauma often associated with such transitions. Part of that facilitation will be ensuring that information is clearly shared with the crisis provider about the unique strengths and needs of the individual as well as ensuring the individual and their support network understand what the treatment process will entail. We also expect to be intimately involved in any discharge from a crisis level of care so that any gains made while in treatment are not lost in the challenge of a warm handoff. Having experience in the behavioral health crisis and acute treatment space as well as IDD community space gives us the ability to pull the strengths from both systems and help them speak clearly to each other during a warm handoff.

As we build relationships with community partners through our training initiatives, we will strengthen our position as a trusted resource in the community for individuals, families, and other providers. We hope to be the first call for the individuals we serve when they have a crisis. As our influence in the community increases through proactive and prolonged efforts to connect and train, we expect to be able to model a successful navigation through a crisis. Our ultimate hope is that we will make our support unnecessary as other providers and supporters develop the skills to manage crises without additional interventions.

Staff Qualifications, Hiring and Retention (15 points possible)

12. Describe your plan for hiring a high-quality START Clinical Team pursuant to the required skills and qualifications described in this RFP.

Nationwide, behavioral health care providers have been hard hit by the staffing shortage and what is often referred to as the "Great Resignation." A recent report from McKinsey indicated that as many as 40% of workers are thinking of leaving their current jobs; 4.3 million people resigned in May of 2022. The staffing shortage comes at a critical time in the behavioral health care field, when demand for services has dramatically increased due to Covid-19. To combat this, RHD has instituted significant wage increases and other recruitment and retention measures and continues to look for innovative ways to attract the highly skilled workforce needed to implement programming such as START. RHD has budgeted for salaries in line with the competitive human services labor market, in order to recruit and hire a qualified START team as quickly as possible.

RHD has a creative and talented Talent Acquisition Team who continuously tracks and assesses recruitment and retention data and trends internally as well as in the field overall.
RHD will assign a dedicated and experienced recruiter to source and recruit for the START Clinical Team. We will utilize job boards to post and source for candidates, as well as, attend any networking events. In addition, RHD has a very strong employee referral network and will leverage this to increase applicant flow.

RHD recognizes the importance of filling positions quickly given the current labor market. On average, RHD is able to recruit and hire for positions within 80 days of posting. In June of 2020, the average time for a position to be filled was 30 days, a drastic decrease and astounding turnaround. In Tennessee, RHD was able to recruit and hire for a new ACT program within 45 days of posting, and prior to the program's launch. While there are certainly many factors that contribute to a decrease this large, RHD's dedicated recruitment efforts played a significant role. Given the current conditions of the labor market overall, RHD cannot guarantee hiring for all programs would happen so swiftly. However, we are confident in our ability to recruit and hire a highly skilled and experienced team to implement START.

13. Describe your organization's strategies for retaining staff and include how you know your strategies are successful.

High turnover in behavioral health care programs has consistently been a challenge for providers, and has been exacerbated by the Great Resignation. RHD invests in its staff and places high importance on retaining its workforce to maintain continuity of care and quality service delivery. To ensure that we recruit, support, develop, and retain a skilled, caring, creative, healthy, and diverse workforce committed to achieving our mission, RHD has prioritized becoming an "Employer of Choice" in its strategic plan and organizational philosophy. A critical component of this strategy has been offering retention bonuses based on longevity. Other initiatives related to this goal include an employee recognition system, supporting a culture of continuous learning and development, a competitive benefits package, and a strengthened system to receive and assess employee feedback, among others.

Effective supervision is a cornerstone to staff development and performance management. RHD provides frequent and consistent feedback to all staff regarding their performance, areas for improvement, and career goal development. In addition to receiving feedback from supervisors regarding their performance, the opportunity for employees to provide feedback has proven to have a significant impact on employee engagement and satisfaction, and therefore on retention and recruitment.

RHD conducts organization-wide surveys to assess the efficacy of current retention efforts. Survey results are analyzed, and findings are shared with Human Resources leadership as well as the executive leadership team. Survey findings provide valuable insight into staff satisfaction with current retention strategies. Findings are incorporated into RHD's ongoing initiatives to maintain its highly-skilled workforce.

14. Describe your approach to staff training that ensures that staff are trained in topic areas relevant to their position. Please also include your cultural competency training efforts.

In addition to the national online training series, customized coaching and technical assistance provided by CSS at the Institute on Disability at the University of New Hampshire to develop and implement the evidence-informed START Model, Resources for Human Development (RHD) will utilize an approach to employee training that is multi-faceted, using a variety of learning experiences/approaches to support employee skill development appropriate to the service they provide and their job role. Training/learning experiences are grounded in adult-learning theory, embrace a trauma-informed approach to clinical care and support skill development in cultural awareness, diversity and inclusion.

At RHD, we believe it is critical to have an effective training infrastructure to deliver consistent and quality training as well as monitor, track and report on training compliance. Having training resources and systems that can support these functions assist leadership in ensuring that all employees have the requisite training to meet funder and corporate requirements, as well as the skills to provide quality service to the individuals in our care. RHD has a Learning Management

System (LMS), specifically Cornerstone, that provides access to synchronous (live, virtual instructor-led) and asynchronous (eLearning courses, videos, micro-learnings and recorded webinars and videos) learning experiences for our employees. RHD's Cornerstone LMS can also track any type of training (synchronous/asynchronous), generate reports, auto-assign trainings or customized curriculum, provide reminders, provide transcripts, generate certificates, and record external training activity. Cornerstone's features and functionality will be leveraged to support the employee training needs at the START Program.

RHD's Cornerstone LMS offers access to a robust Behavioral Health library of eLearning content that includes, but is not limited to topics such as de-escalation, behavioral interventions, clinical approaches, motivational interviewing, autism, crisis prevention and intervention, and many more related topics available to our employees to support skill development appropriate to their role and enhance the quality of service provided. Additionally, the START program will leverage the internal expertise of program staff, external training resources and utilize RHD's internal clinical subject matter experts (SMEs) to supplement clinical training that supports the effective implementation of the START model. Consultation and skills development would also be available from our Corporate Learning and Development team for our START employees in the areas of training development and facilitation, thus ensuring they are equipped to offer training to other service providers and community partners in developmental and behavioral health and crisis support.

Investing in our staff is critical to employee retention and provision of quality care to our individuals. Staff at all levels and all roles need to have the tools and support to grow and develop the skills they need to perform effectively within their roles. RHD believes that creating a culture of learning where a variety of learning experiences and approaches are employed is paramount. Employee Training is one of those tools. Providing experiential and social learning opportunities are additional tools that assist our employees in applying that learning on the job. This includes the opportunity to shadow other employees, group discussion and reflection, practicing the skills on the job and receiving regular feedback and coaching from peers and their supervisor on their performance.

RHD is committed to the provision of services that are culturally and linguistically competent so that they can be accessed by all beneficiaries. As an organization, RHD provides training modules to staff that address cultural competency, including working with those who identify as LGBTQI. RHD programs use translation and interpretation services when needed. RHD has translated some forms into Spanish, since this is the most common language (other than English) spoken by participants and their family members. Whenever possible, RHD hires bilingual staff and also relies on interpreters as needed.

RHD actively recruits local people who reflect the community they serve. In addition, RHD provides training to all staff to ensure that they understand and respect the culture of the individuals they are supporting. This training helps staff understand that each cultural and ethnic group has its

own unique set of beliefs and experiences and the importance of understanding and respecting them, regardless of each staff person's individual beliefs.

RHD strives to create a program environment that supports staff understanding of participants in terms of how they interact with the greater world, their experiences, and self-identification as members of ethnic groups. This perspective is required to work collaboratively with program beneficiaries, support their recovery, and involve them in determining how their needs can best be met. RHD understands that each person's ways of interacting with others are often influenced by their experience of racism and discrimination, which can be either subtle or overt.
Although it is not possible to be fully versed in the cultural nuances that participants bring to treatment, it is RHD's goal to have program staff learn as much as possible about other cultures and how culture impacts the services they are providing.

Culture Awareness, Diversity, and Inclusion (CADI) is a learning experience offered to all RHD staff by the Diversity, Equity and Inclusion Department. CADI aims to raise awareness of the value of collaborating with people of different cultures, races, genders, ethnicities, beliefs, backgrounds, and ideas. Through conversation, interactive videos, and other relevant and engaging activities, this training enables employees to understand cultural awareness, diversity, and inclusion, how to apply that knowledge to workplace situations, how to communicate with different cultures, and how to resolve conflicts. CADI is offered both virtually and in person for staff and leadership.

Data Collection and Reporting (15 points possible)

15. Describe your organization's experience documenting program development, program operations and changes, client data and client outcomes.

Resources for Human Development uses Netsmart's myAvatar as their electronic health record (EHR). The EHR enables RHD to collect, track, and analyze client data in one central location. The EHR has full reporting capabilities to analyze outcomes at the client and population levels, including the ability to track clinical (e.g. mental health assessment, PHQ9 score, Recovery Assessment Scale, and a growing number of validated assessments), utilization (e.g. number of ED and inpatient hospital visits, Length of Stay), and referral (e.g. Social Risk Factors, Physical Health Providers, etc.) data over time. Additional metrics can be built into the EHR for collection and analysis as needed for the purposes of evaluating START. The EHR is also used to track all operational data including number of clients served, focus of each session with staff, length and location of sessions, evidence-based practices utilized, etc. These data are routinely used to evaluate programmatic functioning and make changes aimed at improved program performance and client outcomes. RHD also uses the platform SurveyMonkey to collect de-identified Participant Satisfaction data.

RHD's Clinical Outcomes and Quality Improvement Team will provide direct data collection and analysis support to the START program. This includes working with program staff to ensure

they understand the required data collection processes and are collecting all required data into our electronic health record. This also includes working side by side with program staff to review collected data, analyze the data for trends that may inform our programmatic functioning, and ensure we can leverage all available data towards achieving high quality outcomes and fidelity scores. The Outcomes Team will also work closely with program staff on regularly scheduled quality improvement projects aimed at studying new interventions in a data-driven way, to ensure we are continuously evaluating and improving our services. The Outcomes Team and program staff will collaborate to ensure timely, accurate data entry into SIRS.

16. Describe your plan to collect and respond to customer service and satisfaction data.

RHD uses SurveyMonkey as our de-identified Satisfaction Survey platform. Participants will have the opportunity to anonymously provide feedback in the form of Likert-scale and open-text responses. RHD uses a 38-item questionnaire based on the validated satisfaction survey, the Mental Health Statistical Improvement Program survey (MHSIP). Some questions have been added to address areas of particular interest, such as staff's treatment of members of the BIPOC/AAPI and LGBTQ+ communities. RHD's philosophy is that Participant Satisfaction data allow us to provide the highest quality of services possible, and allow us to receive and follow up on program improvements in a timely manner.

RHD's goal will be to assess participant satisfaction at least once per participant per episode of care. These data will be reviewed at regular Continuous Quality Improvement activities, and where trends indicate areas of concern, interventions will be decided upon in collaboration between program staff, clinical leadership, and the Outcomes Team. Because the data will be anonymous, specific concerns will be handled generally. If there are specific complaints, Participants will be encouraged to file formal, written complaints, which will be addressed with the individual by leadership, as needed.

17. Describe your plan to collect and respond to staff turnover and retention data.

RHD conducts comprehensive exit surveys with staff as well as monthly meetings within programs to discuss turnover data and trends. We utilize the feedback from the exit interviews, retention surveys, and our internal reporting database to collect this information. Responding to this data is a key element of our goal to be the "Employer of Choice" as outlined in our strategic plan. Executive staff are responsible for providing regular updates on progress towards strategic goals. Our staff are not only our strongest assets, they are the essence of the service we provide as an organization and without a strong workforce, we are not viable. Recognizing this, we prioritize staff retention as all other strategic goals are dependent on the success of this goal.

Budget (10 points possible)

18. Provide a detailed, line-item budget that reflects a realistic estimate of the costs associated with implementing and sustaining your START program. Clearly list staff salaries and benefit amounts for each position, and indirect costs such as IT and transportation.
See on the following pages.

19. Provide a budget narrative that clearly explains and justifies all line items in the proposed line-item budget. Include details about how you set rates and any assumptions about engagement rate, caseload, etc.
See on the following pages.

AGENCY NAME:	Resources for Human Developm			PERIOD COVERED:		
EXPENDITURE SUMMARY				LOC:		Allegheny County
				PROGRAM NAME:		RFP
				CALENDAR YEAR:		
				DATE SUBMITTED:		7/22/2022
CLASSIFICATION	RFP					TOTAL
A. PERSONNEL SERVICES						
WAGES AND SALARIES	860,000.00					860,000.00
EMPLOYEE BENEFITS	162,353.97					162,353.97
PURCHASED PERSONNEL						-
PURCHASED TREATMENT						-
OTHER PERSONNEL EXPENSES						-
STAFF DEVELOPMENT	5,625.00					5,625.00
SUB-TOTAL PERSONNEL	1,027,978.97					1,027,978.97
B. OPERATING EXPENSES						
RENT	36,000.00					36,000.00
UTILITIES	3,600.00					3,600.00
BUILDING INSURANCE	888.00					888.00
HOUSEKEEPING	1,800.00					1,800.00
COMMUNICATIONS	10,000.00					10,000.00
OFFICE SUPPLIES	1,200.00					1,200.00
MEDICAL SUPPLIES	-					-
DRUGS	-					-
HABILITATION SUPPLIES	-					-
FOOD	1,500.00					1,500.00
CLOTHING	-					-
SERVICE LIABILITY INSURANCE	16,463.00					16,463.00
STAFF TRAVEL	51,930.00					51,930.00
CLIENT TRANSPORTATION	-					-
MISCELLANEOUS EXPENSES	4,800.00					4,800.00
BUILDING REPAIRS/MAINTENANCE	1,200.00					1,200.00
BUILDING RENOVATIONS	-					-
FURNISHING/ EQUIPMENT	7,764.00					7,764.00
MINOR HOUSEHOLD EQUIPMENT	-					-
FURN/EQUIPMENT REPAIRS	3,000.00					3,000.00
RESIDENCE ADAPTATION	-					-
SUB-TOTAL OPERATING	140,145.00					140,145.00
D. TOTAL DIRECT	**1,168,123.97**					**1,168,123.97**
E. ADMINISTRATION	175,218.60					175,218.60
F. TOTAL ELIGIBLE COSTS	**1,343,342.57**					**1,343,342.57**
G. REVENUE						
PROGRAM SERVICE FEES						-
PRIVATE INSURANCE						-
MEDICAL ASSISTANCE						-
CBH						-
MANAGED CARE FEES						-
ROOM & BOARD PAYMENTS						-
SERVICE / PRODUCTION CONTRACTS						-
INTEREST						-
OTHER REVENUE						-
AGENCY CONTRIBUTION						-
SUB-TOTAL REVENUE	-					-
H. NET ELIGIBLE TO BE FUNDED	**1,343,342.57**					**1,343,342.57**
I. RETAINED REVENUE						-
J. NET ELIG INCL RETAINED REVENUE						0
K. INELIGIBLE EXPENDITURES						0

AGENCY NAME:	Resources for Human Development, Inc.		PERIOD COVERED:		
PERSONNEL INVOICE SCHEDULE			LOC:		
			PROGRAM NAME:		ACT
			CALENDAR YEAR:		
			DATE SUBMITTED:		7/22/2022
To be hired	Program Director MA/MS	40	85,000		
To be hired	Clinical Director Ph.D, psychologist	40	80,000		
To be hired	Clinical Team Leader MA/MS	40	70,000		
To be hired	START Coordinator MA/MS	40	65,000		
To be hired	START Coordinator MA/MS	40	65,000		
To be hired	START Coordinator MA/MS	40	65,000		
To be hired	Therapeutic Coaching Team Leader MA/MS	40	70,000		
To be hired	Therapeutic Coach BA/BS	40	60,000		
To be hired	Therapeutic Coach BA/BS	40	60,000		
To be hired	Therapeutic Coach BA/BS	40	60,000		
To be hired	Medical Director, MD psychiatrist	10	130,000		
To be hired	Program Assistant BA/BS	40	50,000		
TOTAL			860,000		

Resources For Human Development
Budget Narrative

Total Personnel = $1,027.978.97

Wages and Salaries - $860,000
Wages and Salaries include staffing for a Program Director, Clinical Director, Clinical Team Leader, 3 START Coordinators, Therapeutic Coaching Team Leader, 3 Therapeutic Coaches, Medical Director and a Program Assistant.

Employee Benefits - $162,353.97
Employee Benefits are calculated as follows:
FICA (7.65% of total Wages and Salaries) = $65,970
Workers Compensation (1.29% of Total Wages and Salaries) = $11,094
Unemployment (1.5% of $10,00 per FTE) = $1,800
Short Term Disability (.465% of $386.88 per FTE) = $3,773
Health Insurance ($7,263.36 per FTE) = $79,897

Staff Development - $5,625
Staff Development at $500 a year per FTE.

Total Operating Expense = $140,145

Operating Expenses consist of the following:
Rent of $36,000 or $3,000 a month for 12 months.
Utilities of $3,600 or $300 a month for gas, electric, water and sewer, etc.
Building Insurance $888 or $74 a month for 12 months.
Housekeeping of $1,800 or $150 a month for cleaning and disinfecting.
Communications of $10,000 or $50 a month per FTE for mobile phone and $150 a month for office phone.
Office Supplies of $1,200 or $100 a month for copier paper, pens, etc.
Food cost of $1,500 at $125 a month for 12 months.
Service Liability Insurance of $16,463.01 for General and Professional Liability Insurance.
Furnishing and Equipment of $7,764 consist of laptops, copier lease, etc.
Furniture and Equipment of $3,000 for office furnitire, desks, chairs,etc.

Total Adminstration = $175,281.60

Aminsitrative cost is calculated at 15% of total direct cost and consist of the following support services:
- Payroll
- Accounts Payable
- Benefits
- Human Resources
- Accounting
- Revenue Cycle
- Business Technology Systems
- Legal
- Property and Facilities
- Learning and Development